

DELTA DENTAL/PREMIER PLANS (formerly known as Incentive)

Benefit Summary

SERVICES	IN-NETWORK		OUT-OF NETWORK	
	PPO Dentists	Premier Network Dentists	Non-Delta Dentists	
Provider Network				
DIAGNOSTIC & PREVENTATIVE Exams, X-rays, Cleanings & Emergency Treatment	70% 1st Year 80% 2nd Year 90% 3rd Year 100% 4th Year and After	70% 1st Year 80% 2nd Year 90% 3rd Year 100% 4th Year and After	70% 1st Year 80% UCR 2nd Year 90% UCR 3rd Year 100% UCR 4th Year and After	
OTHER BASIC SERVICES Oral Surgery, Fillings, Peridontic Procedures, Root Canals & Sealants	70% 1st Year 80% 2nd Year 90% 3rd Year 100% 4th Year and After	70% 1st Year 80% 2nd Year 90% 3rd Year 100% 4th Year and After	70% 1st Year 80% UCR 2nd Year 90% UCR 3rd Year 100% UCR 4th Year and After	
Crowns Crowns, Jackets & Cast Restorations	70% 1st Year 80% 2nd Year 90% 3rd Year 100% 4th Year and After	70% 1st Year 80% 2nd Year 90% 3rd Year 100% 4th Year and After	70% 1st Year 80% UCR 2nd Year 90% UCR 3rd Year 100% UCR 4th Year and After	
PROSTHODONTICS Dentures, Bridges, and Implants	50% *See Implant Footnote	50% *See Implant Footnote	50% UCR *See Implant Footnote	
ANNUAL PLAN MAXIMUM:	\$2,000	* Plan pays 50% up to annual maximum (out of network coverage on implants is limited to 50% up to \$1,000)		
LIFETIME ORTHODONTIC MAXIMUM:	Pays 100% up to \$3,000			

DELTA DENTAL PPO PLAN (formerly known as DPO)

Benefit Summary

SERVICES	IN-NETWORK		OUT-OF NETWORK	
	PPO Dentists	Premier Network Dentists	Non-Delta Dentists	
Provider Network				
ANNUAL DEDUCTIBLE	No deductible	\$25 per member/\$75 per family	\$25 per member/\$75 per family	
ANNUAL MAXIMUM	\$2,000	Limited to \$1,000 regardless of plan maximum	Limited to \$1,000 regardless of plan maximum	
BASIS OF PAYMENT	Participating Fee Allowance	Usual, Customary & Reasonable	Usual, Customary & Reasonable	
DIAGNOSTIC & PREVENTATIVE Exams, X-rays, Cleanings & Emergency Treatment	100%	50%	50%	
OTHER BASIC SERVICES Oral Surgery, Fillings, Peridontic Procedures, Root Canals & Sealants	100%	50%	50%	
Crowns Crowns, Jackets & Cast Restorations	100%	50%	50%	
PROSTHODONTICS Dentures, Bridges, and Implants	50% *See Implant Footnote	50% *See Implant Footnote	50% *See Implant Footnote	
ANNUAL PLAN MAXIMUM:	\$2,000	* Plan pays 50% up to annual maximum (out of network coverage on implants is limited to 50% up to \$1,000)		